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A MAGNA CARTA FOR THE EMOTIONALLY DISTURBED CHILD.

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IN AN ADDRESS, THE AUTHOR ANTICIPATED BARRIERS AND PROBLEMS WHICH MIGHT ARISE WHEN JULY 1, 1966, LEGISLATION BECAME EFFECTIVE, REQUIRING SCHOOL DISTRICTS TO PROVIDE APPROPRIATE EDUCATION FOR EMOTIONALLY DISTURBED CHILDREN. ASPECTS INCLUDED ARE PROBLEMS OF DEFINITION AND DIAGNOSIS, COMMUNITY RESPONSIBILITIES IN PROVIDING COOPERATIVE MEDICAL AND SOCIAL SERVICES, VARYING DIRECTIONS OF SCHOOL PROGRAM ORGANIZATION, AND THE UNRESOLVED QUESTIONS OF RECRUITMENT, PREPARATION, AND CERTIFICATION OF TEACHERS. THIS PAPER WAS PREPARED FOR THE ANNUAL NEW YORK CONGRESS FOR MENTAL HEALTH (1ST, OCTOBER 16, 1965). (GW)

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A MAGNA CARTA FOR THE EMOTIONALLY DISTURBED CHILD

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The public schools have a difficult responsibility in the planning of suitable educational programs for all children. It is a challenge that requires constant innovation, continued assessment of children and how they learn, and an appreciation for individual differences. This far-reaching responsibility of the schools has been broadened by the mandatory provisions of the Education Law for emotionally disturbed children.

Effective July 1, 1966, school districts in New York State will be required to furnish suitable educational facilities for emotionally disturbed children by means of home teaching, transportation to school or by special classes. The need of the individual child shall determine which of such services shall be rendered. Where there are ten or more emotionally disturbed children, boards of education are required to establish such special classes as may be necessary to provide instruction adapted to the mental attainments and physical conditions of such children. Boards of education are also authorized and empowered to contract with the board of education of another school district or a board of cooperative educational services or a vocational education and extension board of a county for the education of such children. In addition, school districts may provide approved special teachers for emotionally disturbed children confined to a home or a hospital or other institution, or to assist regular classroom teachers in providing educational services for emotionally disturbed children in regular classes. Truly a "magna carta" for emotionally disturbed children has been written.

There may be imperfections in the language of the legislation, interpretations of sections that may not always be in keeping with the wishes and desires of those who have the responsibility for implementing the mandate. Nevertheless, a significant milestone in the education of handicapped children has been achieved. However, this "magna carta" for the emotionally disturbed child is also in part a "magna carta" for parents. The mere recognition that children who may be labeled "emotionally disturbed" are now a responsibility of the public schools should give new courage and hope to parents. Hopefully, they can look forward to new and more positive approaches in the care and treatment of their children. Much too often parents have had to assume to a considerable degree the responsibility for stimulating action on the part of the professional disciplines involved in order to sensitize them to the gaps in the performance of their specialized roles. Perhaps as a result of this "magna carta," the responsibility for resolving difficult problems will be shared by the many professionals involved. I have seen too many parents who have conscientiously made the round of clinics and specialists seeking help,

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seeking programs, seeking something more than a diagnostic label to the point of sheer exhaustion, both psychologically and physically. There may at last be an end to "shuttle runs" from professional person to professional person in search of help.

If the writing of the "magna carta" required a monumental effort, the task of implementing the mandate will be hardly less than that. Although the Education Law will mandate school districts to provide programs for emotionally disturbed children, there are other mandates implied in this "magna carta." There is an implied mandate for our colleges and universities to train teachers who will have the skills and competencies to deal effectively with these children. How will the colleges implement their responsibilities? Where will they find the teacher trainers? How will they ascertain the competencies teachers will need to have and will all these competencies be trainable? These are questions which yet have to be answered, but fortunately attention is now being given these matters by representatives of the teacher training institutions in cooperation with the State Education Department.

And what of the mandate which is implied for the medical schools? Schools concerned with the training of medical personnel are very much involved in imparting the skills and competencies to those specialists who will be concerned with children, the way they grow, the way they learn and the way they react. Certainly much has to be done in the field of differential diagnosis so that parents will not be caught in the middle of a diagnostic battle between medical experts.

Is there not a mandate on the community mental health boards as well as those State agencies concerned with mental illness and mental health to develop treatment facilities in the local community, day care centers, parent counseling resources, foster home placements, halfway houses, and many other programs that will be necessary to meet the needs of those who will require help to overcome psycho-social problems that vary from mild to severe? And is there not also a mandate on the community mental health boards to develop regional diagnostic centers so that a program can be developed based on a diagnosis that has meaning to all the disciplines involved with the responsibility of implementing this "magna carta" for the emotionally disturbed child? There may be need for regional diagnostic centers, comprehensive in their approach to children, so that no longer will we have parents appealing for help and reporting that their child has been seen by three different medical specialists, one reporting the child is mentally retarded and should be educated as a mentally retarded child, another reporting that the child is brain injured and should be educated as a brain injured child and the third reporting that the child is autistic and should be institutionalized in an institution for the mentally ill.

Certainly there is an implied mandate on local boards of education to provide the funds necessary to obtain the supportive services of specialists and facilities that will be necessary to develop a quality educational program. There is also the mandate on State agencies to help boards of education meet their responsibilities.

And finally there is an implied mandate on private organizations of parents, as well as on organizations similar to the New York State Association for Mental Health, to maintain an awareness in the community of the complexity of this overall problem and to provide the support for needed legislation as programs are developed for disturbed children and adults. A comprehensive attack on the problem must be in terms of a community effort which should highlight three aspects of a total program, namely, diagnosis and identification, special programs of treatment and

education, and programs and services of prevention. A design for a community plan will require the support of interested parents and professional organizations.

One of the most immediate barriers to the successful implementation of this "magna carta," and a very fundamental problem, deals with the definition of an emotionally disturbed child. I am sure we all recognize that the term "emotionally disturbed" leaves much to be desired. It is a generic term referring to a continuum of norm-deviating behavior from very mild to very severe, from the troublesome child to the troubled child, from the disturbing child to the disturbed child. There is as much individual difference within the group that will be identified as being emotionally disturbed as between the emotionally disturbed child and the non-handicapped child. The emotionally disturbed child from the point of view of the schools will probably be the child whose needs cannot be met through the ordinary provisions of the public school program because of disorders of behavior which are troublesome and disturbing to teachers and to other children within the classroom. Within this group of troublesome or troubled, disturbing or disturbed children will be those who have disorders of learning that may stem from physiogenic or chemo-genic causes. Others will probably be psycho-social casualties due possibly to the grossly unfavorable and disadvantaged environment which surrounded them since birth. Finally there will be the failures which have resulted from the inability of the schools to provide flexibility and individualization in instruction to meet the needs of these children who, as a result of the accumulative effects of failure and criticism, have become emotionally and socially disabled.

The difficulty in definition would suggest the label "emotionally disturbed" should not be highlighted as programs develop, but rather we should highlight the need to develop individualized programs for children who can be characterized by their inadequate adjustment to the demands of the classrooms or community in which they live--an inadequacy that may be expressed in their under-achievement in certain academic areas and their ineffective behavior in dealing with interpersonal problems.

Definition and identification are closely related. Until the schools develop an empirical definition of emotionally disturbed children there will be difficulty in identifying vulnerable children early enough in their school life to provide preventative programs which will alleviate or eliminate failure and frustration, rejection and remorse, and aggression and anger before the adult world decides that a problem exists. Closely related to the problem of definition is the problem of incidence. "Guesstimates" of emotionally disturbed children range from a conservative statement that there are over one-half million psychotic, schizophrenic or borderline children in our country, to the staggering statement that 10 to 25 per cent of all children in the United States are emotionally disturbed.

The importance of diagnostic facilities becomes readily apparent as part of the problem of identification and definition. If the public schools are to be successful in the implementation of the mandate, those professions responsible for the identification and diagnosis of emotionally disturbed children will have to do more than label a child. The schools will need information which provides an extensive description of how the world is seen, felt, and heard by each child; how the information thus received is dealt with; and how each child will use this information in day-to-day activities in the classrooms. The schools will have to know also whether children will learn more easily if they see what is to be learned or will they do better if they hear what is to be learned. Certainly schools should know how children will respond to failure and the self-image they have of themselves.

The diagnostic process should measure individual differences in children, identify individual patterns of ability and interest, and attempt to relate these patterns to classroom behavior. There will be no one education program suitable for all emotionally disturbed children. Special classes will be the answer for some, home instruction for others; day care programs for some, day treatment programs for others; itinerant programs for some, full-time residential care for others. Unless adequate diagnostic facilities are developed which will provide more than just a label, parents and educators will be caught in a game of "musical chairs" played to the tune of medical classifications.

A second barrier with respect to the development of public school programs will be the recruitment of teaching personnel. New York State has not established certification requirements for teachers of emotionally disturbed children. As a matter of fact, this has been carefully avoided at this time since there certainly is not conclusive evidence of particular elements of training that should make up a pattern of certification. What are the competencies that teachers must have in the field of perception and psychodynamics? How many hours should they have in courses that deal with conceptualization, abnormal psychology, group dynamics, utilization of community resources and techniques of remediation? For the present it seems more desirable to agree on certain patterns of teacher training and postpone setting up specific training requirements until we have had more experience working with this particular group of children.

Although the problem of recruitment of trained personnel will be acute, there are alternatives for dealing with the situation. Certainly the use of volunteers in the program for emotionally disturbed children developed by the Elmont Board of Education suggests one approach. The lack of trained teachers is a problem that has received national attention. President Johnson in his remarks at the signing of the Community Mental Health Centers Act of 1965 spoke of the need for 300,000 teachers to work with all types of handicapped children.

A third barrier to the implementation of the mandate will be related to the availability of community resources. The quality of the school program will depend to a large extent on the availability within the community of a range of services that will permit interventions at various levels of need. It is not implied, however, that programs should not be developed until all community resources are available. Nevertheless, it must be recognized that the quality of the programs and the degrees to which flexibility can be achieved in meeting the varied needs of disturbed children ranging from the very mildly disturbed to the psychotic child will be directly related to the availability of community resources. Such community resources include clinics that may serve the community on an outpatient or inpatient basis; community treatment centers; family and child welfare programs; child health services; recreational, social and camping facilities either on weekends, after school or for vacation periods; facilities for vocational training and placement; and, I am sure, as communities become involved in seeking new answers to old problems, other resources will be developed.

A fourth barrier will be the heavy emphasis or stress on the development of special class programs to meet all the needs of emotionally disturbed children within the public school setting. There is some evidence of this trend based on the experiences since 1959, for it was in 1959 that the Education Law was amended to make it permissive for school districts to develop programs and services for

emotionally disturbed children. The major growth since 1959 has been in the development of special class programs. Since 1959, approximately 347 special class programs have been developed involving 2800 children. Most of these special class programs are located in New York City and the more heavily populated counties of Nassau and Westchester. In the development of these special class programs, school districts will have to give special consideration in the establishment of criteria for placement of children in programs.

We recognize that special classes per se should not and cannot be the penicillin of special education. Undoubtedly, school systems when confronted with the implementation of a mandated program for children with behavior disorders will resort to this type of program. There are several positive goals of a special class program which include: (1) an opportunity for the child to resolve his emotional problems so that he may return to a regular class, (2) to develop effective procedures to identify emotionally disturbed children in the early grades, and (3) to provide answers for those concerned with teacher education, teacher selection, and, of course, curriculum practices and modification. If these are valid goals, then special classes for emotionally disturbed children should be identified primarily at the elementary school level. But there are other types of programs. Once again reference must be made to the program developed by the Elmont Board of Education as another program approach for the emotionally disturbed. This program is described in detail in the book, Teaching the Troubled Child, published by the Free Press. Program organization is a barrier that I believe will be successfully met as more schools become involved in the development of programs and services.

A fifth barrier will be directly related to the curriculum to be followed in one or more of the programs for disturbed children. Undoubtedly, the traditional curriculum will be the point of departure for modification and development of materials which will be directly related to the learning disabilities that the child may manifest. Undoubtedly as time develops, certain clinical insights will have to find their way into the content of curriculum so that socially acceptable channels for the release of some of the troublesome behavior of children can be achieved. The course of study will have to be properly planned and organized, as well as the physical settings, equipment and facilities in a manner that will not intensify disorder and disorganization among children who are already disordered and disorganized.

A sixth barrier to the immediate implementation of the "magna carta" will be the development of supportive services to aid the teacher of the emotionally disturbed as well as the child involved in the program. The literature refers to the use of a "crisis teacher" who acts as a major resource during emergencies and participates in many other ways to make the program successful. Undoubtedly there will be need for someone to fill the role of social worker to provide the needed liaison between school, community agencies and home. Consideration will have to be given to the utilization of those specialists who are concerned with the diagnosis and identification of learning disabilities as well as to provide inservice training to the teacher involved in the program. How many specialists will be needed to support the program and the teacher will be related to the children involved in the program and the willingness of the community to support a quality program.

I have discussed the barriers that will have to be dealt with in the implementation of the mandate not to discourage those who have looked forward to this legislation but to suggest some areas that should be of immediate concern. I am of the opinion that many schools will quickly accept the responsibility and develop the programs based on the individual needs of the children. I know that prior to 1959 some school districts had programs for children with behavior disorders. The growth of programs under the permissive legislation far exceeded the estimates. It is my belief that the majority of educators recognize that it is through educational intervention that most children will receive their greatest help. I believe we can meet the challenge of the "magna carta" if we will have the resolution and discipline and understanding to recognize that there will be conditions that cannot be changed and it will require courage to change what can be changed and that what is needed is a broad vision to explore new frontiers as our knowledge and understanding of the problem increase.

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